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Many childhood diseases can be prevented. (includes related articles)

Guthrie, Richard A.

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One or more of the viruses that cause common childhood diseases may trigger the process that leads to the development of Type I diabetes.

Scientists are trying to determine which of these viruses are diabetes triggers and how the viruses may be stopped from doing their destructive deeds. Someday in the future they may develop a treatment, or a vaccine, that will protect children against the future development of Type I diabetes. In the present, however, there are many treatments available to protect your children against the most common virus-caused childhood diseases.

Whether your child has diabetes or not, you should be concerned about providing your offspring with the most comprehensive protection against these ailments.

Don't be lulled into complacency by the widespread belief that the childhood killer diseases of yesterday have been eliminated by medical science.

They have not been, and will not be eliminated unless all children receive proper immunizations and booster shots (to maintain disease protection) at the right times.

Prevention is the most effective approach to viral diseases. This prevention comes in the form of a vaccine, which is usually administered as a shot--sometimes alone, sometimes in combination with other vaccines.

Once a viral infection strikes, there is little medical science can offer as treatment, other than to relieve some symptoms and prevent secondary infections.

Here is a review of the most common childhood diseases with the recommended immunization schedules, plus information on how each disease may affect diabetes control.

Rubeola (Red or Hard Measles)

Children should be immunized against rubeola at 15 months of age, and reimmunized when they enter school.

It's probably a good idea to reimmunize during high school or when the youngster enters college.

A severe case of measles can result in hearing loss, seizures, brain damage and even death.

Symptoms of this disease include high fever, a rash over the entire body and a condition called photophobia (fear of light).

In children with diabetes, blood glucose levels begin to increase a few days before the other symptoms appear. Ketones appear in the urine soon after symptoms show.

Rubeola can also stimulate the development of diabetic ketoacidosis--a serious diabetes complication.

Rubella (German or Three-Day Measles)

Children should be immunized against rubella (usually combined with the rubeola and mumps vaccines) at 15 months of age.

This disease is much milder than rubeola and has fewer complications in children. Rubella is most serious when it strikes pregnant women, since it can affect the fetus and cause many birth defects.

Although the disease does not affect diabetes control directly, it has been indirectly linked to the development of diabetes when the fetus is infected. During a rubella epidemic in the 1960s, a number of children were born deaf and later developed diabetes.

Chicken Pox

A vaccine for chicken pox is not yet available in the United States, so it is likely that your child will develop chicken pox at some time.

This disease usually strikes between ages three and seven, and occurs more frequently in the spring and summer.

Chicken pox usually begins with a fever (and often loss of appetite) approximately 14 days after exposure.

About three days after the onset of fever, a rash shows up as a single lesion on the trunk of the body. This is followed by lesions that spread over the entire body, starting as red spots that grow to bumps and then to multiple, runny lesions. These lesions eventually dry up, crust over and then disappear.

The child is most contagious and ill during the first few days of fever (before the onset of skin lesions).

Children with diabetes may also experience high blood glucose levels in the early stage. If not treated, the high blood glucose levels may lead to the development of ketoacidosis.

If your child has diabetes and develops chicken pox you should increase the frequency of blood glucose monitoring and urine ketone testing.

Check with your child's diabetes doctor and/or diabetes educator on what you should do if your child's blood glucose levels rise above normal and ketones are found in the urine.

Usually a change in the child's insulin dosage and schedule is recommended. You will probably be advised to give your child large amounts of sugar-containing fluids, too.

The most common problem the child has with chicken pox is the itching that develops when the lesions start to dry up.

The normal reaction to an itch is to scratch it. But with chicken pox, when the lesions are scratched, the sites may become infected and the end result is a number of crater-shaped scars.

For this reason you should discourage your child from scratching the lesions. To reduce itching, apply calamine lotion or give your child a bath with baking soda and cool water. With your doctor's okay you may also try to reduce itching by giving your child an antihistamine.

Mumps

Children should be immunized against mumps (usually combined with measles vaccines) at age 15 months.

The symptoms of this disease include high fever, along with swelling and tenderness of the parotid glands in front of the ears (which can make eating difficult).

Blood glucose control is strongly affected during the active phase of the disease.

Some scientists believe the mumps virus can be a cause of diabetes when the virus infects (and destroys) the insulin-producing cells in the pancreas.

Influenza (Flu)

A flu vaccine is made available each September, but scientists who formulate the vaccine must guess what types of flu virus may be active during the upcoming winter.

There are a number of flu viruses and these viruses tend to change (mutate).

This means that the vaccine available each year may or may not be fully protective. However, it is highly recommended that everyone with diabetes--not just children--get a flu vaccination every year.

Flu can be a serious disease that causes fever, loss of appetite, nausea and vomiting, weakness and muscle aches.

Children with diabetes who get the flu may develop ketoacidosis, become dehydrated and get seriously ill.

The best treatment is to follow the diabetes sick-day rules that you get from your diabetes doctor or diabetes educator.

This treatment includes increased fluid intake (particularly sugar-containing fluids) and supplemental insulin. If your child develops a cough, use a vaporizer to provide moisture in the air and give him or her a sugar-free cough remedy.

Be careful about using aspirin as a fever reducer, however. Aspirin

use has been linked to the development of another childhood disorder called Reye's syndrome--the symptoms of which are quite similar to those of the flu.

[Dr. Richard Guthrie is Executive Director of the Robert L. Jackson Diabetes Institute at St. Joseph Hospital in Wichita, Kansas.]

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